2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003
Secretary of State

DOCUMENT# P00000064291

Entity Name: M & M MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

5516 NW 90TH TERRACE
SUNRISE, FL 33351

New Principal Place of Business:

2692 BRADFORDT DR
W. MELBOURNE, FL 32904

Current Mailing Address:

5516 NW 90TH TERRACE
SUNRISE, FL 33351

New Mailing Address:

2692 BRADFORDT DR
W. MELBOURNE, FL 32904

FEI Number: 65-1023636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARDIER, LIONEL L
5516 NW 90TH TERRACE
SUNRISE, FL 33351

Name and Address of New Registered Agent:

BARDIER, LIONEL L
2692 BRADFORDT DR
W. MELBOURNE, FL 32904

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 08/25/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARDIER, ROBERTA
Address: 5516 NW 90TH TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: BARDIER, LIONEL L
Address: 5516 NW 90TH TERRACE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BARDIER, ROBERTA
Address: 2692 BRADFORDT DR
City-St-Zip: W. MELBOURNE, FL 32904

Title: D (X) Change ( ) Addition
Name: BARDIER, LIONEL L
Address: 2692 BRADFORDT DR
City-St-Zip: W. MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIONEL L. BARDIER D 08/25/2003
Electronic Signature of Signing Officer or Director — Date